

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592261

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		2				
8		0				
9		0				
10		1				
11		3				
12		0				
13		0				
14		0				
15		0				
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17		0				
18		0				
19		0				
20		0				
21		0				
22			1			
23				/		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	23	←	20	←		←
TOTAL CLAIMS	24		21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						